FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000050245 (5)

A LEHIGH ROOFING OF SOUTHWEST FLORIDA, INC.

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Principal Place of Business Mailing Address						. centent tre tette dette mett mette mett mette mette mette trett mette trett mit tent			
4125 COUNTY LABELLE FL 3	ROAD 78 WEST 13935	4125 COUNTY ROAD 78 LABELLE FL 33935-9638	4125 COUNTY ROAD 78 WEST LABELLE FL 33935-9638						
					3. Date incorporated or Qualified 06/12/1996	3a. Da	ate of Last R	leport	
2. Principal l	Place of Business	2a. Mailing Address			4, FEI Number	***************************************	Ar	oplied For	
21		26			05-0671308	····		ot Applicable	
Suite, Apt		Suite, Apt. #, etc.		······································	5. Certificate of Status Desired		Fee Re	Additional equired	
City & Sta	ato	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zφ	Country	Zip	Cour	ntry	8. This corporation has liability for	intangible	tax under s	. 199.032,	
24	25	29	30				No		
	9, Name and Address of Curr			04 11	10. Name and Address of New R	egistered .	Agent		
		Got married)		Name 2	barbara Million				
	5 COUNTY ROAD 78 WEST	NEM NAME	ļ	82 Street Ac	ddress (P.O. Box Number is Not Accepta 125 COUNTY ROAD T	ble)		A	
LAB	BELLE FL 33935		ļ		125 County Koad "1"	<u>ξω</u>			
				83					
			}	84 City			85 Zip	Code	
					abelic	<u> </u>	<u> </u>	3935	
11, Pursuan	It to the provisions of Sections 607.0	3502 and 607.1508, Florida Sta	tutes, the ab	ove-named o	orporation submits this statement for the	purpose of	changing it	ts registered	
agent. L	am familiar with, and accept the ob	ligations of, Section 607.0505,	Florida Statu	ites.	orporation submits this statement for the wation's board of directors. I hereby acceptable	bruic app	OFFICIAL DE	rogistered	
SIGNATURE									
SIGNATIONE	Signature, typed or printed pamp of registered	agent and title if applicable (N	OTE: Registered	Agent signature re	quired when reinstating)	DATÉ			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND			
TITLE	President	DELETE	1.1 707	LE F	President		Change	Addition	
NAM{	Barbara Arthur 4125 County Road	no i Nach	1.2 NA	ME 6	Sarbara Million 1125 County Road 78 W				
STREET ADDRESS	4125 County Hoad	A mest	1.3 \$18	REET ADDRESS	1125 County Road 78 W	CST			
C TY - ST - 7/P	Labelle, FL 3392	35	1.4 CIT	Y-ST-ZIP	Labelle, Fl 33935				
THUE		DELETE	21 TIT	LE		***************************************	Change	Addition	
NAME			2.2 NA	ME					
STREET ADDRESS	.		2.3 ST	REET ADDRESS					
CITY - ST - ZIP				TY-ST-ZIP					
TIT, F		☐ DELETE	3.1 TIT				Change	Addition	
NAME		****	3.2 NA	Y			•	•	
STREET ADDRESS				REET ADDRESS					
CITY S1 - 70F				TY-ST-ZIP					
THE		DELETE	4,1 111				Change	Addition	
NAME		end Post (c	4. 2 N/	1					
		•			•				
STREET ADORESS			1	REET ADDRESS					
CHY-ST-7IP		DELETE		Y-ST-ZIP			Change	Addition	
TITLE		₩ DETEIE	5.1 TIF				CI Chanke	L. AUGIEON	
NAM I	į		5.2 NA						
STREET ADDRESS	;			REET ADDRESS					
0-1 y - S1 - 7 P				Y-ST-ZIP	<u></u>				
70116		DELETE	6.1 111	LE			☐ Change	Addition	
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 STI	REET ADDRESS					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTERNAME OF SIGNING OFFICER OR DIRECTOR

Determine Prione

Determine Prione

6.4 CITY-ST-ZIP